



Behavioral Health and Rehabilitation Services

Employment Verification Form

To Be Completed By Employer

Name and Address of Employer

Employee Name: _____

Job Title: _____

Current Wage/Salary: \$ _____ (*check one*)

Hourly Weekly Bi-Weekly Semi-Monthly Monthly Yearly

Average # of regular hours per week: _____

Overtime rate \$ _____ per hour Average # of overtime hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (*check one*)

Hourly Weekly Bi-Weekly Semi-Monthly Monthly Yearly

List any anticipate change in employee's rate of pay within the next 12 months:

If the employee's work is seasonal or sporadic, please indicate the layoff period(s):

Signatures:

Employers (Printed Name)

Employers Signature/SEAL

Date: _____